

Sample Partnership Description

<The Name of Your TB Program>

The <name of your TB program> has responsibility for controlling tuberculosis (TB) in our area. The program coordinates its efforts with over <number> agencies, including <name the agencies or stakeholder groups>.

Concern

Unfortunately, TB is not yet a disease of the past. In <name of your state or program area>, people who are <name your area's high-risk populations, including the specific countries or world regions for those born outside of the United States> are among those most affected by the disease. We are particularly concerned that <describe specific problems and resulting human suffering associated with TB in your area that the partnership will be addressing, such as treatment-completion rates and the resulting risk of drug-resistant TB that could be passed on to loved ones, or lack of awareness among at-risk populations of symptoms and risk factors>.

Response

<If your partnership is already established, you may wish to provide a brief history of the partnership, along with its significant accomplishments and participating stakeholder groups.>

We are seeking partners who are willing to work with us to develop and implement programs that will reduce the suffering caused by TB in <your state or program area>. With the support of partners who are recognized experts in the field of TB elimination, respected leaders of at-risk populations, health care providers, and <name additional TB stakeholder groups you wish to include, such as elected officials, faith-based organizations, universities, schools of public health, professional associations, and business or community-based organizations>, we can make a difference.

Partnership Participation

As partners, we bring a variety of skills, experiences, and perspectives to the table. We value each other's perceptions, and we are committed to working cooperatively to <describe the overall purpose of your partnership>. We regularly evaluate our efforts and our outcomes. We agree to meet at least <name the desired frequency of meetings, such as monthly>. We create and serve on working groups as needed to accomplish our goals and objectives. <Briefly describe any current partnership projects or working groups.>

For More Information

Contact <person or persons> at <e-mail addresses> or <phone numbers>.